

09/28/00
JC928 U.S. PTO

Please type a plus sign (+) inside this box Approved for use through 09/30/97 OMB 0651-0032 PTO/SB/05 (12/97)
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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. **TI-31690**
First Named Inventor or Application Identifier **Nikolaus P.W. Almasy**
Title **Telephone Personal Information Manager**
Express Mail Label No. **EL213565165US**

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)

2. Specification
(preferred arrangement set forth below)
- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. Drawing(s) (35 USC d113)

[Total Sheets

6

] 1

4. Oath or Declaration

[Total Pages

1

] 1

a. Newly Executed (original or copy)

b. Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 17 completed)

[Note Box 5 below]

i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application,
see 37 CFR §1.63(d)(2) and 1.33(b).

5. Incorporation By Reference (useable if Box 4b is checked)

The entire disclosure of the prior application, from which a copy of
the oath or declaration is supplied under Box 4b, is considered as
being part of the disclosure of the accompanying application and is
hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP)

of prior application No: /

Prior application information: Examiner

Group / Art Unit:

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label

or Correspondence address below

(Insert Customer No. or Attach bar code label
here)

NAME	Ronald O. Neerings Texas Instruments Incorporated		
ADDRESS	Mail Station 3999 P. O. Box 655474		
CITY	Dallas	STATE	TX
COUNTRY	U.S.A.	TELEPHONE	(972) 917-
ZIP CODE	75265		
FAX	(972) 917-4418		

Name (Print/Type)	Terrance A. Meador	Registration No. (Attorney/Agent)	30,298
Signature	Terrance A. Meador		Date 28 September 2000

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.**Complete If Known**

Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	Nikolaus Almassy
Examiner Name	Unknown
Group / Art Unit	Unknown
Attorney Docket No.	TI-31690/DOT1420

TOTAL AMOUNT OF PAYMENT

(\$ 1068.00)

METHOD OF PAYMENT1. The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number

07-1895

Deposit Account Name

Gray Cary Ware & Freidenrich

 Charge any additional fee required or credit any overpayment Charge all indicated fees and any additional fee required or credit any overpayment2. Payment Enclosed: Check Money Order Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	790	201	395	Utility filing fee	\$690
106	330	206	165	Design filing fee	\$
107	540	207	270	Plant filing fee	\$
108	790	208	395	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$
SUBTOTAL (1)					(\$690)

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	41 -20** = 21	x 18 = 378	
Independent Claims	3 -3** = 0	x 78 = 0	
Multiple Dependent		x 0 = 0	

**or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent Claims in excess of 3
104	270	204	135	Multiple dependent claims in excess of 3
109	82	209	41	**Reissue independent claims over original patent
110	22	210	11	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$378)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

SUBMITTED BY		Complete (if applicable)		
Typed or Printed Name		Signature		Reg. Number
TERRANCE A. MEADOR		Terrance A. Meador		30,298
28 September 2000		Date	Deposit Account User ID	

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Annette Littlefield

NAME

Annette Littlefield

SIGNATURE